

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001453

1. Entity Name

CHM ENTERPRISES OF DAYTONA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00000000-7-AM 10:23
J08314

Principal Place of Business

17TH FLOOR, CITRUS CENTER
255 SOUTH ORANGE AVENUE
ORLANDO FL 32801

Mailing Address

17TH FLOOR, CITRUS CENTER
255 SOUTH ORANGE AVENUE
ORLANDO FL 32801-3445

2. Principal Place of Business

3. Mailing Address

Post Office Box 231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, Florida

4. FEI Number

59-3562995

Applied For

Not Applicable

Zip

Country

Zip

32802-0231

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRISTIENSEN, PATRICK T
17TH FLOOR, CITRUS CENTER
255 SOUTH ORANGE AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete
NAME MT ENTERPRISES OF DAYTONA, INC.
STREET ADDRESS 255 SOUTH ORANGE AVENUE, 17TH FLOOR
CITY-ST-ZIP ORLANDO FL 32801

TITLE MGRM ☐ Delete
NAME LORDSTOWN, L.P.
STREET ADDRESS 5910 NORTH CENTRAL EXPRESSWAY, SUITE 310
CITY-ST-ZIP DALLAS TX 75206

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS 100003140071--5
CITY-ST-ZIP -02/18/00--01085--013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)